

**SPECIFIC WAIVER REQUEST**Check one: **First time waiver**  
**Renewal waiver**SW-1 (4/99) <http://www.cde.ca.gov/waiver/>

Page 1 of 2

Send original plus one copy to:

Waiver Office  
 California Department of Education  
 721 Capitol Mall Rm. 613  
 Sacramento, CA 95814

CDS CODE

LEA:		Contact/recipient of approval/denial notice:	
Address: (City) (State) (ZIP)		Phone (and extension if necessary) : ( )	
Period of request: From: To: (month/day/year)		Local board approval date (Required)	
<b>LEGAL CRITERIA</b>			
<p><b>1. Authority for the Waiver:</b> [<input type="checkbox"/>X] Specific Code Section : _____          Write the E.C. section citation, which <b>allows you to request</b>, or <b>authorizes</b> the waiver of the specific E.C. section you want to waive.  <b>NOTE: Due to new Regulations and Education Code interpretation, Resource Specialists caseload waivers may no longer be filed on this form: you must use the NEW form: Specific Waiver Resource Specialist Caseload.</b></p>			
<p><b>2. Education Code or California Code of Regulations</b>          Section to be waived: (<u>number</u>) _____ Circle one: E.C. or CCR           Brief Description of the topic of the waiver : _____</p>			
<p><b>3. If this is a renewal</b> of a previously approved waiver, please list Waiver Number: CDSIS-_____ and date of SBE approval_____.</p>			
<p><b>4. Position of the bargaining unit. (Important Note:</b>           This item may or may not apply to your First Time Waiver Request. However, even if consultation with the bargaining unit is not specifically required, you may still wish to consult. For Renewal Requests, it is not necessary to consult unless conditions have changed and it has become a controversial issue.)           Does the district have any employee bargaining units? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No           Date(s) the bargaining unit(s) was (were) consulted: _____ / _____ / _____           Name of bargaining unit(s) and person(s) consulted: _____           The position(s) of the bargaining unit(s) was/were: [<input type="checkbox"/>] Neutral [<input type="checkbox"/>] Support [<input type="checkbox"/>] Oppose (Please summarize below.)           Comments (if appropriate): _____</p>			

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SW-1 (4/99)

Page 2 of 2

**5. Education Code or California Code of Regulations section, or portion to be waived.** . If the request is to waive a portion of a section, type the text of the pertinent sentence of the law, or those exact "phrases" requested to be waived (or use a strike out key). Do not attach photocopies.

**6. Desired outcome/rationale.** State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations.)

**7. For a Renewal Waiver Only, District also must certify:**

True	False	
<input type="checkbox"/>	<input type="checkbox"/>	The facts which precipitated the original waiver request have not changed.
<input type="checkbox"/>	<input type="checkbox"/>	The remedy for the problem has not changed.
<input type="checkbox"/>	<input type="checkbox"/>	Members of the local governing board and district staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.

Renewals of Specific Waivers must be submitted **two months before** the active waiver expires. The local governing board must approve the renewal request. Retroactive waivers must go through the First Time Waiver Process.

District Certification--*I hereby certify that the information provided on this application is correct and complete.*

Signature of Superintendent or Designee

&gt;

Title:

Date:

Signature of SELPA Director (only if a Special Education Waiver)

&gt;

Date:

**FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY**

Responsible Office

Guidelines:

☐ Met☐ Not Met☐ Don=t ExistCalifornia Department of Education Recommendation: ☐ Approve ☐ Deny

Staff (Type or print)

Staff (Signature)

&gt;

Date:

Unit Manager (Type or print)

Unit Manager (Signature)

&gt;

Date:

Division Director (Type or print)

Division Director (Signature)

&gt;

Date:

Deputy (Type or print)

Deputy (Signature)

&gt;

Date:

# **INSTRUCTIONS FOR PREPARING A STATE BOARD OF EDUCATION SPECIFIC WAIVER REQUEST**

(First Time or Renewal)

**Specific Waivers.** This type of waiver is expressly authorized as part of a specific statute. Check the Education Code (E.C.) sections immediately preceding or following the particular section you wish to waive for the specific authority Education Code section. It usually does not require community involvement (public hearing) and may require consultation with a relevant union, council or committee. Examples of specific waiver authorities are found in the School Based Coordination Act (E.C. Section 52863) and Professional Staff Development Program section (E.C. section 44670.7).

**IMPORTANT-** Put an **(X)** in one the boxes on the top of the form the type of waiver requested: **First Time Waiver** or **Renewal Waiver**. Renewals must be submitted two months before the prior waiver expires.

## **IDENTIFICATION INFORMATION**

**CDS Code (7 digit)** - code number identifies the district or county office of education and can be found in the *California Public School Directory*. It is printed before the listing of each district and county office of education.

**Local Educational Agency (LEA)** - Only school district governing boards, county boards of education and county offices of education are eligible to request specific waivers from the State Board of Education. For special Education Specific waivers only, a SELPA also may request the waiver. Nonpublic Schools or Agencies may not apply, a district or SELPA must sponsor them.

**Contact/Recipient of approval/denial notice** - list the name of the person who is most knowledgeable about this waiver request, which may be the person completing the form. California Department of Education staff frequently must call for additional information and questions about the waiver contents.

**Address, City, State, Zip, Phone** - complete address and the phone number (include extension number, please) of the LEA making the request.

**Period of Request** - Generally, this is established by the language of the authorizing law. For example, Education Code section 52863 has a two-year limit. Some waiver topics have State Board of Education guidelines that restrict them to one year. Specifically indicate: month/day/year.

**Local Board Approval Date** - State the date that the local School Board approved this waiver.

## **LEGAL CRITERIA**

### **1. Authority for the Waiver.**

Write in the E.C. section (number) which authorizes you to request, and the State Board to grant a waiver of other specific parts of the Code. Such waivers require local board approval and may require consultation with a relevant union, council, or committee. If you are unsure if the issue is a Specific Waiver, check the Education Code sections immediately preceding or following the particular section you wish to waive for the Specific Authority or any reference to how to obtain waivers of the nearby section items.

**Special Education** - MOST special education waivers are specific waivers under the authority of E.C. 56101, "when the waiver is beneficial to the content and implementation of the pupil's individual educational program."

NOTE: Due to new regulations and interpretation of E.C., a NEW form: Specific Waiver Resource Specialist Caseload must now be used (the E.C. Authority is 56101 and Title 5 CCR 3100) for waivers of Resource Specialist caseloads, and the local bargaining unit must be consulted.

**2. Education Code, California Code of Regulations section or portion to be waived.**

Write the E. C. section number(s) or Title 5 CCR section number(s), which you want to waive (in part or in whole). Give a brief description of the topic of the waiver.

**3. If this is a renewal of a previously approved waiver**, please list the previous waiver number and date the State Board of Education approved the original waiver.

**4. Position of the bargaining unit.**

This item may or may not apply to your waiver request. However, even if consultation with the bargaining unit is not specifically required, you may still wish to consult them if you think the bargaining unit is affected by, or may protest this waiver request.

**5. Section to be waived.**

Type the text of the pertinent section of the law (E.C) or regulation (Title 5) you wish to waive. If only a portion of a section is to be waived, include that portion verbatim, preceded and followed by ("..."). Or, type the whole text of the code with a strikeout key on the portion you want waived.

**6. Desired Outcome/rationale.** State as briefly as possible what this waiver will accomplish. Please do not restate the law. Briefly describe the circumstances that brought about this request and why the waiver is necessary to achieve improved student performance and/or streamline local agency operations.

**7. For a Renewal Waiver Only**, complete this section of certification to three stipulations to which affirmative answers will allow the waiver to go as a 'Renewal.' NOTE: A Renewal MUST be submitted two months before the active waiver expires, or it must be treated as a NEW Specific waiver, requiring the public hearing, collective bargaining unit contact, and review by the Advisory Committee or School Site Council. Retroactive Waivers (previous years) also must go through the full process for a Specific Waiver.

**District or County certification:** The District or County Office of Education Superintendent or designee is to certify to the accuracy of the information, sign where indicated, and date the request application.

Important Note: If a SELPA Administrator is not supportive of the waiver request, a statement of explanation is required. All statements will be considered in the Department's review and recommendation to the State Board of Education. If no statement to the contrary is attached, it will be concluded that the SELPA is neutral or supportive.